

CITY OF RIALTO BUSINESS LICENSE DIVISION

150 S. Palm, Rialto CA 92376

Tel: (909) 820-2517 Fax: (909) 873-2921

LICENSE APPLICATION

Please Type or Print in Block Letters

The City of Rialto Municipal Code requires that all businesses pay a business tax, but

ls thi	is a Home (Occupation Bu	siness?			
	Yes	No				
There is to be no s	torage, signs, e	mployees, in/out trat	ffic, large vehicles.			
	• OFFIC	IAL USE ONLY				
BUSINESS LICEN	SE NO.					
START DATE	RATE CODE					
EXPIRATION DAT	E					
CHECK	CASH	CAR	D \square			
POLICE CLEARAN	ICE	INSPECTIONS				
MULTI-UNIT		TAXI-CAB				

such payment of	does not authorize an applicant to do business in the City. A	All .	POLICE CLEARANCE		INSPECTIONS	
businesses must co	mply with all City codes and must have the Department of Pla approval prior to opening.	anning	MULTI-UNIT	Ш	TAXI-CAB	
Business Name:			Bus. Phone: ()	
Corporate Name:			Bus. Fax: ()	
(If applicable) Business Location:			Sq Ft of Premises	S:		
(Cannot be PO Box) Mailing Address:	Number Street City State Zip		· E-Mail:			
-	Number City State Zip					
Description of Business Ownership:	Corporation Corp-Ltd Liability Partnership	Sole	e Proprietor		Limited Liability	Trust
	Lic. Type	_	piration Date			
Resale No.	FEIN No.					
	**Enter Below Names of Owners, Partners,					
Name:	Title:		Phone:	()	
Address:					·	
Number	Street Name City State	Zip				
Social Security No.	Driver's License No.					
Name:	Title:		Phone:	()	
Address: Number	Street Name City State	Zip				
Social Security No.	.,					
Social Security No.	Driver's License No **Contractor Information					
Contractor No.	Expiration Date:	OII				
Sub Contractor -	A list of all sub-contractors is required of the general contractor it must be updated as contracts are met. Name of General Contractor:	r of each	project in the City of Ria	alto. A p	artial list may be a	ccepted, howe
Contractors License	Lic. Type	Exp	oiration Date			
Name of Project:			Site Ph	one:	()	
Address of Project:	Number Street State		Zip			
	**Emergency Contact - Rialto Busines	s Addre				
Name:			Phone: ()			
	Alarm Service - Rialto Business A	Address	es Only			
Name:			Phone: ()			
arance to conduct business f	business in Rialto. It does not sanction any act not otherwise permitted. Applicant must or from the Planning and Building Department and agrees to comply with all sections of the sponsible for obtaining a State of California Sales Tax number, if necessary, and providin when issued.	Rialto	If your last name is not in proof of a fictitious na incorporation. If your bu license or permit, you w completed these required a	ame reg isiness re rill need	istration and publis equires a resale nun	hing or articles ober or any type
PLEASE FILL IN TI	HE APPROPRIATE BOXES BELOW, READ AND SIGN.		FOR OFF	ICE U	SE ONLY	
		E	stimated Gross Receipts \$			
Es	stimated Gross Receipts for 12 Months:		No. of Quarters			
			Administrative Fee \$			ī
(Please see fe	ee schedule summary on the backside of this application)		Business License Tax \$			\equiv
	All businesses are subject to audit.					
	and submission and subject to addit.		Other Fee \$			
Thank you	u for doing business in the City of Rialto		Penalty \$			
			TOTAL AMOUNT DUE \$			

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief and that I have read this notice at Rialto, California.

Signature of Owner or Representative